

L13000048038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

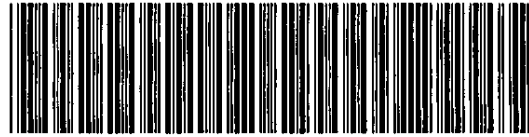
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 APR - 1 AM 10:35

APR - 2 2013

T. HAMPTON

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of CorporationsSUBJECT: MayHaw Valley Farm's LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Herschell T. Waller

Name of Person

MayHaw Valley Farm's LLC

Firm/Company

1594 S. Blvd.

Address

Chipley, Fla. 32428

City/State and Zip Code

htw1945@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Herschell T. Waller at (850) 527-3579

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee☒ \$130.00 Filing Fee &
Certificate of Status☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)Mailing AddressRegistration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314Street/Courier AddressRegistration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MayHaw Valley Farms LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1594 S. Blvd
Chipley, Fla 32428

Mailing Address:

MayHaw Valley Farms LLC
1594 S. Blvd.
Chipley, Fla 32428

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Herschell T. Waller

Name

1594 S. Blvd

Florida street address (P.O. Box NOT acceptable)

Chipley FL 32428

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Herschell T. Waller

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGR 30%Herschell T. Waller
1594 S. Blvd.
Chipley, Fla. 32428MGR 30%Paula L. Waller
1594 S. Blvd
Chipley, Fla 32428Mgrm 20%India W. Witte
61 Alvernale Av.
Tampa, Fla 33606Mgrm 20%Ashley E. Waller
3415 E. 19th St. (U-9)
Panama City, Fla 32405

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 1, 2013 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:Herschell T. Waller

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Herschell T. Waller

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)